

Corrections to the *Sexually Transmitted Diseases Treatment Guidelines, 2006*

Page 1, under “Prepared by,” the correct center name should read: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (proposed).

Page 4, first column, under “Preexposure Vaccination,” the fourth sentence should read: Specific details regarding hepatitis A and B vaccination are available at <http://www.cdc.gov/hepatitis>.

Page 13, second column, third bullet, the first sentence should read: Providers should assess newly diagnosed persons’ need for immediate medical care or support and should link them to services in which health-care personnel are experienced in providing care for HIV-infected persons.

Page 24, partial paragraph at top of page, the fourth sentence should read: The Jarisch-Herxheimer reaction might induce early labor or cause fetal distress in pregnant women, but this should not prevent or delay therapy (see Syphilis During Pregnancy).

Page 40, first column, under “Management of Sex Partners,” the first sentence in the second paragraph should read: If concerns exist that sex partners will not seek evaluation and treatment, or if other management strategies are impractical or unsuccessful, then delivery of antibiotic therapy (either a prescription or medication) by heterosexual male or female patients to their partners might be an option (see Partner Management).

Page 40, second column, under “Chlamydial Infections Among Infants,” the last sentence in the second paragraph should read: However, ocular prophylaxis with those agents does prevent gonococcal ophthalmia and, therefore, should be continued (see Ophthalmia Neonatorum Prophylaxis).

Page 42, in the section “Chlamydial Infections Among Children” under “Diagnostic Considerations,” the second recommended regimen should read: Recommended Regimen for Children Who Weigh ≥ 45 kg but Who Are Aged < 8 Years.

Page 45, in the section “Follow-Up,” the second paragraph should read:

A high prevalence of *N. gonorrhoeae* infection is observed in patients who have had gonorrhea in the preceding several months (141,142). The majority of infections identified after treatment with one of the recommended regimens result from reinfection rather than treatment failure, indicating a need for improved patient education and referral of sex partners. Clinicians should consider advising all patients with gonorrhea to be retested 3 months after treatment. If patients do not seek medical care for retesting in 3 months, providers are encouraged to test these patients whenever they next seek medical care within the following 12 months, regardless of whether the patient believes that their sex partners were treated. Retesting is distinct from test of cure to detect therapeutic failure, which is not recommended.

Page 45, second column, in the section “Management of Sex Partners,” the first sentence of the second paragraph should read: For patients with gonorrhea whose partners’ treatment cannot be ensured or is unlikely, delivery of antibiotic therapy (i.e., either a prescription or medication) by heterosexual male or female patients to their partners is an option (see Partner Management).

Page 48, second column, in the section “Gonococcal Infections Among Children” under “Diagnostic Considerations,” the first recommended regimen should read: Recommended Regimens for Children Who Weigh > 45 kg.

Page 51, first column, partial paragraph at top of page, the first complete sentence should read: Because of the increased risk for postoperative infectious complications associated with BV, some specialists suggest that before performing surgical abortion or hysterectomy, providers should screen for and treat women with BV in addition to providing routine prophylaxis.

Page 51, first column, the second paragraph should read:

The recommended metronidazole regimens are equally efficacious. One randomized trial evaluated the clinical equivalency of intravaginal metronidazole gel 0.75% once daily versus twice daily and demonstrated similar cure rates 1 month after therapy (157).

Page 51, first column, the third paragraph should read:

Metronidazole 2 g single-dose therapy has the lowest efficacy for BV and is no longer a recommended or alternative regimen. FDA has cleared metronidazole 750 mg extended release tablets once daily for 7 days and a single dose of clindamycin intravaginal cream. Limited data have been published that compares the clinical or microbiologic equivalencies of these regimens with other regimens. Cure rates do not differ between intravaginal clindamycin cream and ovules (158).

Page 59, second column, under “Recommended Regimen A,” the daily dosage for Ofloxacin was incorrect. It should read: Ofloxacin 400 mg orally twice daily for 14 days*.

Page 81, second column, the fourth bullet should read: Collection of a serum sample for immediate evaluation for HIV, hepatitis B, and syphilis (see Sexual Assault and STDs, sections Prophylaxis, Risk for Acquiring HIV Infection, and Follow-Up Examination After Assault).

Page 93, in the fourth column, Immunoglobulin should read: Immunoglobulin M.

Page 94, in the section “Presenters,” a name was misspelled. It should read: Jeanne Marazzo.